

SAFE POINT SAN DIEGO
CLEAN SYRINGE EXCHANGE PROGRAM

ANNUAL REPORT

July 1, 2010 – June 30, 2011

CSEP FACILITATION COMMITTEE

The purpose of this report is to inform elected officials and the public regarding the current status of Safe Point San Diego, the Clean Syringe Exchange Program (CSEP) in the City of San Diego, and to satisfy the state's annual reporting requirements.

BACKGROUND

On November 27, 2001 the City Council adopted Resolution No. R-295797, declaring the existence of a state of local emergency in the City of San Diego due to the spread of the Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) exacerbated by the shared use of hypodermic needles and syringes by injection drug users. In addition, the City Council authorized the implementation of a one-year Clean Needle and Syringe Exchange Pilot Program linked to drug abuse treatment programs at no cost to the City. The program was funded by Alliance Healthcare Foundation and operated by Family Health Centers of San Diego.

The objectives of the program were to: reduce the transmission of HCV and HIV caused by the sharing of syringes; educate substance abusers about the risks of drug abuse and offer testing for infectious diseases; and facilitate referrals for program clients to drug treatment and other necessary services.

From December 10, 2001 - June 27, 2005 the City Council repeatedly declared the aforementioned state of local emergency and authorized the continued operation of the pilot program. From July 18, 2005 through July 11, 2006 the City Council was unable to garner the five votes required to authorize the program. Family Health Centers immediately discontinued syringe exchange during this time period, but continued to provide health information and referral services at the approved CSEP sites.

In 2005, the California legislature passed AB 547, amending Health and Safety Code Section 11364.7, and enacting Health and Safety Code Sections 121349-121349.3. Effective January 1, 2006 local jurisdictions were no longer required to declare a state of local emergency in order to authorize a CSEP. Instead, they could now authorize CSEP with a single legislative act. To continue operations, CSEPs were required to submit annual reports to the state and their local jurisdiction for review and approval.

On July 11, 2006 the San Diego City Council passed a resolution authorizing a CSEP. The program was approved to operate in accordance with the Basic and Supplemental Recommendations set forth in the CSEP Facilitation Committee Final Report of May 23, 2006. The program was to be funded by the Alliance Healthcare Foundation and operated by Family Health Centers of San Diego (FHCS), a non-profit community clinic organization. Within several weeks, the CSEP was fully operational at two approved sites and it has continued in operation since that time.

Over 150 U.S. cities have implemented CSEPs. Growth of these public health programs can be attributed in large part to reputable institutions including Johns Hopkins University, Yale University and the Centers for Disease Control and Prevention (CDC) that evaluated the practice of clean syringe exchange and determined they:

- 1) curtail the spread of HCV and HIV infection among injection drug users (IDU);

- 2) serve as an important bridge to treatment and recovery from drug use; and
- 3) reduce the risk to police, emergency personnel and the public from contaminated syringes discarded in streets, parks, beaches and other public areas.

To determine whether national and international experiences were replicable in San Diego, SANDAG conducted an extensive evaluation of the San Diego CSEP during the period July 18, 2002 - February 13, 2004¹. The results of this study determined:

- 1) nearly 9 of 10 clients received referral services;
- 2) client injection frequency did not increase; and
- 3) individuals were less likely to reuse syringes, obtain syringes from questionable sources or discard used syringes in the trash after enrolling in the CSEP.

CURRENT NEED

The need for CSEP in San Diego continues. According to the San Diego County 2010 HIV/AIDS Epidemiology Report², California has the second highest number of AIDS cases of all states and San Diego County has the third highest rate in the state. Injection drug use (IDU) is the second leading cause of HIV transmission and the leading cause of HCV in California. Further detail from the County report indicates that:

Since the beginning of the epidemic in 1981, 14,228 AIDS cases were reported in San Diego County through 2009. Roughly 400 new AIDS cases are diagnosed in San Diego each year. Fifty-eight San Diegans died of AIDS in 2009 and cumulatively 7,222 have died in San Diego County since 1981. There were 7,006 San Diegans living with AIDS as of December 31, 2009, resulting in a cumulative case-fatality rate of 51%. In recent years, 11-18% of the men and 23% of the women in San Diego who contracted HIV did so through injection drug use.

While treatments and prognosis for people living with HIV and AIDS have improved dramatically in recent years, these conditions still result in compromised immunity, altered lifestyle, and expensive medical regimens for many who contract them.

In 2009, 2,079 San Diegans were diagnosed with HCV infection. Injection drug use is the #1 means of contracting HCV. HCV compromises liver function, although it can be present without any symptoms for many years. Those who do exhibit symptoms can experience fatigue, flu-like illness, and depression. While HCV infection can be cured, the treatment is expensive, requires six months or more of oral and injected medication, produces unpleasant side effects, and still up to half of those treated do not respond. HCV is currently the leading condition necessitating a liver transplant in the U.S. Since there is no vaccine that prevents HCV infection, preventing exposure to HCV through the shared use of blood-contaminated syringes is essential.

¹ Burke, Cynthia, PhD, *City of San Diego Pilot Clean Syringe Exchange Program: Final Evaluation Report*, SANDAG Criminal Justice Research Division, May 2004

² <http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/HAEUAnnualReport2010FINAL.pdf>

Syringe exchange programs reduce the likelihood that these conditions will be passed horizontally to others through the sharing of syringes used to inject drugs. It also reduces the chance of vertical transmission from infected mother to her newborn. Finally, exchange programs greatly reduce the number of dirty syringes that are discarded in places where a public safety officer, trash collector, or park-goer can be accidentally stuck and infected.

The continuing need for this program is also substantiated by the significant increase in participation that is detailed below.

PROGRAM STATUS

CSEP services are provided from a small mobile van during two, ½-day intervals each week at approved sites in Downtown (Thursday evenings) and North Park (Friday mornings). New clients may obtain 2 clean syringes plus starter hygiene kits during their first visit to the program. Once registered, clients complete a one-for-one syringe exchange with up to 30 syringes at each session. Program participants are provided an identification card. After the initial visit, only one-for-one exchanges are completed. (Since 2010, the maximum number of syringes that can be exchanged was reduced from 50 to 30 at each session due to ongoing funding challenges (see below).

In addition to providing syringe exchange, the CSEP offers clients individualized assistance including HCV and HIV prevention and education materials, case management, information about and referrals to primary medical care and other social service programs, and facilitated referrals to detoxification and substance abuse treatment and rehabilitation programs.

From Fiscal Year (FY) 2007 to 2010, both the number of syringes exchanged and the health service referrals made increased annually (Table 1). Beginning in 2010, funding cuts required a reduction in both number of syringes exchanged per person and referrals provided. This decrease in referrals continued in FY11 due to: 1) a significant increase in the number of clients using the program, reducing the staff time available for each person during the prescribed hours of operation; 2) decreased staffing as a result of funding cuts for CSEP, further impacting the staff/client ratio; and 3) funding cuts by the state and other funders throughout the service community, particularly for HIV/AIDS prevention and drug treatment. As a result, there are fewer places to refer CSEP participants.

Tables 1 and 2 describe the demographic trends in the CSEP from FY07 through FY11. Over the past two years, there has been a significant increase in the number of participants, while available funding has continued to decrease. This has resulted in a change in protocols to reduce the number of syringes each participant can exchange per visit, as well as limiting the amount of time spent, and therefore the number of referrals able to be made per participant.

**TABLE 1. NUMBERS OF CLIENTS, REFERRALS AND SYRINGES
EXCHANGED**

	FY 07	FY 08	FY 09	FY 10	FY 11
New client visits	442	409	496	832	829
Repeat client visits	3,628	5,099	6,640	9,471	11,056
Total client visits	3,708	5,508	7,136	10,290	11,872
Total referrals*	4,427	5,583	6,904	3,737	858
Substance abuse treatment	454	387	508	283	142
Detoxification services	462	393	517	385	114
Mental health	26	146	507	156	88
Primary care	147	1,104	1,188	1,280	391
Other**	3,338	3,643	4,184	1,633	123
Total syringes received	127,136	183,701	236,552	307,742	329,532
Total syringes disbursed	106,368	172,867	213,175	286,155	314,382

* All referrals are assisted; staff members provide individual support to ensure clients complete referral including: scheduling appointments, providing transportation and accompanying clients as appropriate.

** HIV, hepatitis and STD screening; Medi-Cal, CMS and other benefit programs; food, housing, clothing and shelter

TABLE 2. CLIENT DEMOGRAPHICS AT INTAKE

	FY07	FY08	FY09	FY10	FY 11
Gender					
Male	69%	69%	72%	75%	69%
Female	31%	30%	27%	25%	31%
Transgender	<1%	1%	1%	0%	<1%
Age (median)	38	37	36	33	31
Ethnicity					
White	67%	70%	69%	69%	76%
African American	6%	3%	3%	3%	4%
Hispanic	20%	20%	20%	21%	13%
Other	8%	8%	8%	7%	7%
Marital Status					
Married	15%	12%	12%	9%	10%
Widow/Sep/ Divorce	25%	16%	18%	17%	15%
Domestic partner	1%	6%	3%	<1%	<1%
Never married	59%	66%	67%	74%	74%
Education					
Elementary/Middle	2%	4%	8%	8%	7%
< 12th grade	16%	16%	14%	18%	17%
High school grad	53%	44%	38%	37%	37%
> High school	29%	35%	40%	37%	38%
GED (if did not finish high school)					
Yes	53%	32%	63%	56%	42%
No	47%	68%	37%	44%	58%
Employed					
Yes	35%	36%	32%	31%	29%
No	65%	64%	68%	69%	71%
Residence					
Own/rents	47%	59%	66%	65%	62%
Someone else's	32%	24%	17%	15%	20%
On the streets	18%	14%	10%	13%	11%
Other	3%	2%	7%	7%	7%

In addition to the increased overall number of program participants, program staff has noted a sharp increase among those aged 18-24, as reflected by the drop in median age.

FHCSO has recruited additional volunteers who can support the work of the staff and has also developed referrals specifically suited to young people. Unfortunately, as the need for drug treatment -- especially on an in-patient basis -- increases, resources for those desiring treatment has not kept pace. Waiting periods for treatment “beds” are significant, and low-cost or free treatment and detox services are extremely limited.

FUNDING

Alliance Healthcare Foundation funded the first decade of program planning and operations. Without their support, San Diego would likely not have a CSEP. In 2009, Alliance redefined its strategic goals and funding priorities. As a result, Alliance decided to stop funding ongoing operational projects and informed FHCSO that it would no longer be able to support CSEP, effective June 30, 2010. FHCSO has since reduced CSEP staffing levels due to funding challenges.

As a result of current State budgetary challenges, funding for all State-funded HIV prevention activities has been significantly reduced. More specifically, the \$100,000 in direct funding received by FHCSO to support CSEP activities was terminated effective July 1, 2009. Additionally, State funding directed to the San Diego HHSA, which supports some of the wrap-around services for injection drug users as well as services to which the CSEP project was able to refer clients, was reduced by 63%.

FHCSO is committed to sustaining this vital public health program and continues to prioritize finding new sources of funding. This year, the MAC AIDS Foundation awarded FHCSO a grant for \$25,000 dollars to support CSEP and the San Diego Human Dignity Foundation a grant for \$50,000 dollars for methamphetamine prevention, half of which was for CSEP. These grants have helped to offset costs, but are far from the support previously received by Alliance Healthcare Foundation. As such, FHCSO has been directly funding staff and supplies for the program to ensure no gaps in service. However, this model is not sustainable and efforts continue to find major funding.

Fortunately, Congress lifted a ban on the use of federal funds to support syringe exchange programs, which had been in effect since 1988. Although the ban has been lifted, Congress will have to take such action each year through the annual Appropriations Bill.

Due to unfortunate timing, CDC funds awarded directly to FHCSO through funding announcements released prior to the ban being lifted cannot be used to support the CSEP. However, CDC funds that are received by the State Health Department through a funding announcement released after the ban was lifted, and subsequently dispersed to local health jurisdictions, may be used for CSEP. However, to date, no additional funds have been allocated, so any funds budgeted for CSEP would come at the expense of other HIV prevention services.

Moreover, the San Diego County Board of Supervisors remains opposed to syringe exchange and will not permit funds to be utilized for this purpose. Although the State

health department has historically contracted directly with community-based organizations to overcome this barrier, due to the state's budget challenges there has been a movement toward minimizing the number of contracts executed and monitored by the State.

In summary, state and federal governments cannot be counted upon to fund San Diego's syringe exchange program.

FACILITATION COMMITTEE

The CSEP Facilitation Committee continues to meet on a quarterly basis to monitor the program and address any issues that arise. This volunteer committee, comprised of individuals with expertise in various aspects of syringe exchange, was last appointed by Mayor Sanders on June 4, 2010. The Mayor's memo outlining the charge of the committee and listing its members is attachment A to this report.

In conjunction with his retirement from the San Diego Police Department, Captain Guy Swanger resigned from the Facilitation Committee. Captain Terry McManus (Narcotics) is expected to be appointed in his place.

POLICE BRIEFINGS

Working with the San Diego Police Department, FHCSO continues to conduct briefings with captains in the Western and Central Divisions regarding the program. FHCSO will continue requesting time to provide information during pre-shift lineups. This practice has been vital to keeping law enforcement informed of the CSEP program objectives, requirements, restrictions and accomplishments while also addressing individual questions.

CONCLUSION

The San Diego CSEP continues to be a very effective and necessary program for the community. Since its inception in 2002, **CSEP has accepted 164,223 more syringes than it dispensed and has prevented more than 1.5 million syringes from potential improper disposal.** As a result, our neighborhood parks, sidewalks and playgrounds are far safer. In addition, the CSEP program has facilitated 29,773 referrals including 2,529 referrals to detoxification services and 2,238 referrals to drug treatment program.

In the past year, participation in the syringe exchange program has increased significantly, while funding for operations continues to be a major challenge. Referral resources have also been reduced due to difficult economic times.

Thanks to the leadership of the Mayor of San Diego, the City Council, the CSEP Facilitation Committee, and the Family Health Centers of San Diego, the San Diego CSEP continues to fulfill its goal of making San Diego a healthier city.